FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

آيانا فكال fish Processing Section

FORM D

AUG 2 9 2000

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** Mashington, DCUNIFORM LIMITED OFFERING EXEMPTION

141	<u>089</u>	98
OMB	APPRO	OVAL
OMB Num		3235-0076
Expires:	April	30,2008 burden
Estimated	average	e burden
hours per r	espons	e 16.00

SEC USE ONLY						
Prefix	Serial					
DATE RÉCEIV	ED					
1						

105	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Sugarloaf Hotel, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	□ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Sugarloaf Hotel, LLC	08058941
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
192 Virginia Ave S Tifton, GA 31794-8074	229-387-6067
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Hotel	PROCESSED
Type of Business Organization	olease specify): SEP 0 9 2008
corporation limited partnership, already formed other (please specify);
business trust limited partnership, to be formed Limited Liab	THOMSON REUTERS
Month Year	
	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	· ·

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Managing Partner Full Name (Last name first, if individual) Dr. Gerald L. Sapp, Sapp Family Sugarloaf Hotel, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 192 Virginia Ave S., Tifton, GA 31794-8074 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner ☐ Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

	•				В. 13	NFORMAT	ION ABOU	T OFFERI	NG				
_	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes	No E
••	mas the	133401 3010	i, or does ii			Appendix				-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2.	What is	the minim	um investm			• •		•				s 25,	00.00
۷.	What is the minimum investment that will be accepted from any individual?											Yes	No
3.	Does the offering permit joint ownership of a single unit?											R	
4.	If a persor state	ssion or sim son to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	colicitation rson or age caler. If mo	of purchase ent of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t EC and/or			
			first, if indi	vidual)									
		vestments.	, inc. Address (N		i Street Ci	tu Ctata 7	'in Codo						
			Suite 231, l			ny, State, Z	ip Code)						
			oker or Dea		. 00020								
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)						***************************************	☑ Al	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of As	sociated Br	oker or Dea	aler									
Sta	tes in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************	***************************************	•••••	***************************************			☐ Al	l States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Nai	me of As	sociated Br	oker or Dea	aler									
Sta	tes in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
~***	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									l States			
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	-	c
	Equity		
		<u> </u>	3
	Common Preferred	r	•
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify LLC Membership Units)		
	Total	§ 12,030,000.00	\$ 5,615,500.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
	•	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 5,540,500.00
	Non-accredited Investors		\$_75,000.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$_7,500.00
	Legal Fees		\$_50,000.00
	Accounting Fees		\$_5,000.00
	Engineering Fees	_	\$ 40,000.00
	Sales Commissions (specify finders' fees separately)	_	\$ 1,176,000.00
	Other Expenses (identify)	_	\$ 10,000.00
	Total		s 1,288,500.00

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C-proceeds to the issuer."	 Question 4.a. This difference is the "ad 	justed gross	\$11,361,500.00
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an e of the payments listed must equal the adj	stimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	_ 🗆 \$
	Purchase of real estate			_ [\$
	Purchase, rental or leasing and installation of m			
	and equipment			_
	Construction or leasing of plant buildings and f			- D \$
	Acquisition of other businesses (including the voffering that may be used in exchange for the as	ssets or securities of another		
	issuer pursuant to a merger)		\$	_ 🗆 \$
	Repayment of indebtedness		\$	_ 🗆 \$
	Working capital		\$	_ 🗆 \$
	Other (specify): Hotel Compensation			_ [\$ 11,361,500.00
				_ []\$
	Column Totals		\$ 0.00	
	Total Payments Listed (column totals added)		s_1	11,361,500.00
		D. FEDERAL SIGNATURE		
sig	sissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	urnish to the U.S. Securities and Exchar	nge Commission, upon writt	
Iss	ner (Print or Type)	Signature /7	// Joale	
	garloaf Hotel, LLC	Mull d	August 22, 200	8
Na	ne of Signer (Print or Type)	Title of Signor-(Print or Type)		
Ger	ald L. Sapp	President/CEO		

- ATTENTION -

·	E. STATE SIGNATUR	E							
1.	. Is any party described in 17 CFR 230.262 presently subject to any of the oprovisions of such rule?		Yes	No					
	See Appendix, Column 5, for sta-	te response.							
2.	. The undersigned issuer hereby undertakes to furnish to any state administrat D (17 CFR 239.500) at such times as required by state law.	or of any state in which this notice is f	iled a no	tice on Form					
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by t issuer to offerees.								
4.	. The undersigned issuer represents that the issuer is familiar with the cond limited Offering Exemption (ULOE) of the state in which this notice is file of this exemption has the burden of establishing that these conditions hav	d and understands that the issuer clai							
	suer has read this notification and knows the contents to be true and has duly cau authorized person.	sed this notice to be signed on its beha	lf by the	undersigned					
Issuer ((Print or Type) Signature //	Date							
Sugarlo	rloaf Hotel, LLC	August 22, 2008	;						
Name ((Print or Type) Title (Print or Type).	// //							

President/CEO

Instruction:

Gerald L. Sapp

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Non-Accredited Accredited State Yes No **Investors** Amount **Investors** Amount Yes No ΑL ΑK AZ1 \$42,500.00 X AR \$775,000.00 1 \$50,000.00 X X 18 CA 1 \$50,000.00 X CO \$50,000.00 X 2 X CTDE DC FL 21 \$1,315,000. 25 \$2,205,000 GA X X ΗΙ ID IL 1 \$150,000.00 X × IN IA KS KY LA 1 X \$75,000.00 x ME MD MA × 1 \$42,500.00 X 1 MI \$50,000.00 X × MN MS

2 4 5 1 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No MO MT NE NV NH NJ NM1 NY \$42,500.00 X NC ND 2 \$92,500.00 X X OH OK OR PA \$42,500.00 X X 1 RI SCSD 2 2 \$75,000.00 × TN \$50,000.00 \$25,000.00 TX 14 × \$508,000.00 x UT VT VAWA WV WI

APPENDIX

				APP	ENDIX					
1		2	3		4					
	to non-a	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR										

